through the dilated capillaries, and insensibly transferred to the atmosphere in vapor. Heat can also be abstracted from the body by radiation. Some tins made with parallel surfaces in segments of a circle, filled with ice and then stoppered, were placed about the patient so that he was almost completely surrounded, although he did not come in contact with them. As radiant heat does not affect the media through which it travels, the patient was not rendered very uncomfortable so long as the air was kept still. Water is the great physical agent for reducing temperature. In moderately severe cases cold compresses or wet packs may be sufficient. In hyperpyrexia cold baths or cold douches not merely abstract heat, but rouse up the nervous system. The effect of the application depends not so much upon the temperature of the water as upon the suddenness and momentariness of the application. These cases are best treated by playing upon them with water out of a hose pipe. In other severe cases of pyrexia with prolonged high temperature, and especially in cases of typhoid fever, constant immersions in water at a temperature varying from 90° to 98° F. are satisfactory.

DR. R. DOUGLAS POWELL states that many remedies of the thermolytic class—antipyrin, phenacetin—while valuable in reducing excessive temperature, require careful handling, for if the temperature be reduced considerably below that normal to the disease the danger of relapse of microbic activity is greatly increased. Remedies of the quinine and salicin class, on the other hand, were antipyretics by being germicides and antitoxins. These two remedies were often advantageously combined.

DR. R. SHINGLETON SMITH admits the utility and safety of the bath, but the introduction of modern antipyretic drugs has removed the necessity of adopting the cold-bath method in all cases of typhoid and other fevers. He had never seen any harm from the efficient, but not excessive, use of phenacetin, and at this time he rarely found it necessary to adopt the cold-bath method, because the temperature was controlled by simpler and less disagreeable methods.

DR. E. MARKHAM SKERRITT believes that quinine is still one of the best and safest of antipyretics, when given in doses, for an adult, of from thirty to forty grains, either in one or in two doses at a half-hour interval.

DR. THOMAS GRAINGER STEWART did not adopt the cold-bath method as an habitual practice, but trusted rather to cold sponging, iced cloths to the abdomen, and the continuous use of antipyretics, reserving cold bathing only when remedies of easier application failed.

DR. HERBERT SNOW called attention to the antipyretic virtues of calomel, purifying the *primæ viæ* and being partly converted into corrosive mercuric chloride, so hostile to microbes.—*British Medical Journal*, 1894, No. 1768, p. 1093.

THE TREATMENT OF PURULENT PLEURISY.

DR. C. G. CUMSTON believes that in recent favorable cases, devoid of all complications, all methods such as aspiration, incision, or resection, may bring about a cure. For cases which are incurable by the so-called classical methods, the siphon of Revilliod offers the prospect of cure. The siphon consists of a tube of black rubber, which is inserted into the pleural cavity;

two feet from the proximal end is placed a bulb, and distally, the tube, being continued for three feet, its termination is placed in a receptacle containing an antiseptic solution—either carbolic acid or creolin—so as to prevent the entrance of air. The proximal end is retained in position with plaster. If there is no fistula, an incision is made near the posterior axillary line, that is, near the anterior border of the great dorsal muscle, whose fibres can be cut without inconvenience in the seventh or eighth intercostal space on the right, and in the eighth or ninth intercostal space on the left side. The advantages of this method are that there is no immobilization of the lung with retention of gas and liquid, but immediate expansion, and the washing out of the cavity is less necessary. In a word, the siphon cures without resection of the ribs and without fistula. Six cases are reported of either chronic or complicated pleurises which would have been considered as incurable, all of which ended in recovery.—*Boston Medical and Surgical Journal*, 1894, vol. cxxxi., p. 502.

THE TREATMENT OF CHRONIC HEART DISEASE.

DR. ROBERT H. BABCOCK reports nineteen cases which were treated by the Schott method of baths of from 93° to 87° F., containing free carbon dioxide and the salts of sodium and calcium chloride, and by gymnastics. There is no doubt that this method may be dangerous in degenerative changes of the bloodvessels and of the myocardium, such as aneurism and advanced arterio-sclerosis, acute softening, and great fatty degeneration of the heart, when rupture may result from heightened intra-vascular and intra-cardiac pressure. Chronic interstitial nephritis is not a contra-indication. In hypertrophied hearts the baths should not be given as long as the heart is adequate to the peripheral resistance to be overcome, but only when the cardiac energy is threatening to fail or has actually failed. The gymnastic exercises (movements of flexion, extension, and rotation of the extremities and trunk, performed slowly and steadily, interrupted by periods of repose, and against the counter-resistance of a trained attendant) are an important adjunct to the baths. The effort exerted by the patient is not so great as to cause embarrassment of respiration, or undue acceleration of the pulse. If the exercises are properly performed, and the resistance judiciously apportioned to the patient's endurance, these gymnastics slow the rate and augment the force and volume of the pulse, as has been repeatedly shown by the sphygmograph and sphygmomanometer. If too great resistance be applied, there is produced a sensation of cardiac distention with variable degree of dyspnœa, while the pulse grows more rapid and feeble. Improved arterial circulation is so manifest a result of these exercises that it has been known to lessen the frequency and even the severity of the attacks of angina pectoris in individuals who, on account of arterio-sclerosis, had been unable to indulge in even very moderate physical exercise.—*New York Medical Journal*, 1894, No. 836, p. 705.

THE RESUSCITATION OF STILLBORN INFANTS.

DR. BEDFORD BROWN, during the past three or four years, in several cases of this kind, apparently under the most hopeless circumstances, when all